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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/802,037
	Filing Date	March 17, 2004
	First Named Inventor	Andreas BAUSEWEIN
	Art Unit	1753
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	449122071100

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Attorneys of record have been discharged by the client in accordance with 37 CFR § 10.40(b)4.

CORRESPONDENCE ADDRESS			
1. <input type="checkbox"/> The correspondence address is NOT affected by this withdrawal.			
2. <input checked="" type="checkbox"/> Change the correspondence address and direct all future correspondence to:			
<input checked="" type="checkbox"/> The address associated with Customer Number: <input type="text" value="29177"/>			
OR			
<input type="checkbox"/> Firm or Individual Name			
Address			
City		State	Zip
Country			
Telephone		Email	
Signature			
Name		Registration No.	43,636
Date		Telephone No.	(703) 760-7753
<small>NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.</small>			